

PATIENT

Leia Herauf

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

3 Years 5 Months

WEIGHT

34.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Raul Casas-Dolz

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Raul Casas-Dolz

INVOICE

12454

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Presenting Complaint: Leia Heraf presents for acute onset vomiting and diarrhea. Patient History: - Acute diarrhea began Sunday night: soft to liquid, no visible blood - Vomiting onset yesterday afternoon, persistent overnight, unable to retain water - Similar GI episode within past year; foreign body (sock) manually expelled, no surgery required - No prior vomiting or diarrhea before this episode; had been eating/drinking normally - No observed foreign body ingestion this episode; known to ingest non-food items - No current medications; possible but unlikely access to child's epilepsy medication - Dental chews initiated 1 week ago; no other diet changes - No recent travel outside western North Dakota - Restlessness reported, abnormal for patient

Abnormal PE/Chem/CBC/UA Results: CBC: LYM 0.60, RBC 9.76, HGB 23.6, HCT 65.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole.

The right adrenal gland was not definitively visualized with no obvious pathology.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach exhibited moderate to significant distention with retained echogenic fluid and lumen gas.

The small intestine exhibited a combination of mild fluid dilated intestinal segments suspected to be located in the upper to mid small intestine with concurrent primarily empty small intestinal segments with minor gas pattern suspected to be located in the mid to distal small intestine. Overall normal intact visualized small intestine wall.

The colon exhibited overtly normal wall. The colon exhibited mild distention with nonformed fecal matter consistent with patient's history. Areas of shadowing colon fecal matter or echoes were visualized. A nonspecific strongly shadowing echo unable to be differentiated between large and small intestinal location was visualized subjectively medial to the right kidney measuring approximately 2.0 cm to 2.5 cm in diameter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate to significant gastric fluid dilation.
- Segmental mild intestinal fluid dilation with concurrent primarily empty intestinal segments with mild lumen gas.
- Generalized nonformed fecal matter with intermittent strongly shadowing fecal matter to colon echoes.
- Undifferentiated strongly shadowing large versus small intestinal echo subjective medial to the right kidney.

Secondary Findings

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate to significant gastric fluid dilation and segmental intestinal fluid dilation may indicate metabolic versus mechanical ileus owing to nonspecific gastroenteritis i.e. dietary indiscretion, infectious disease, enterotoxin, etc. However, concurrent segments of primarily empty small intestine were also visualized and highly suggestive of intestinal obstructive pattern. Potential for passed foreign material currently within the colon is possible. In conjunction with patient's clinical signs and gastrointestinal presentation, exploratory laparotomy with gross inspection of the gastrointestinal tract is recommended. Gastrointestinal biopsies despite exploratory findings is considered essential given patient's history.



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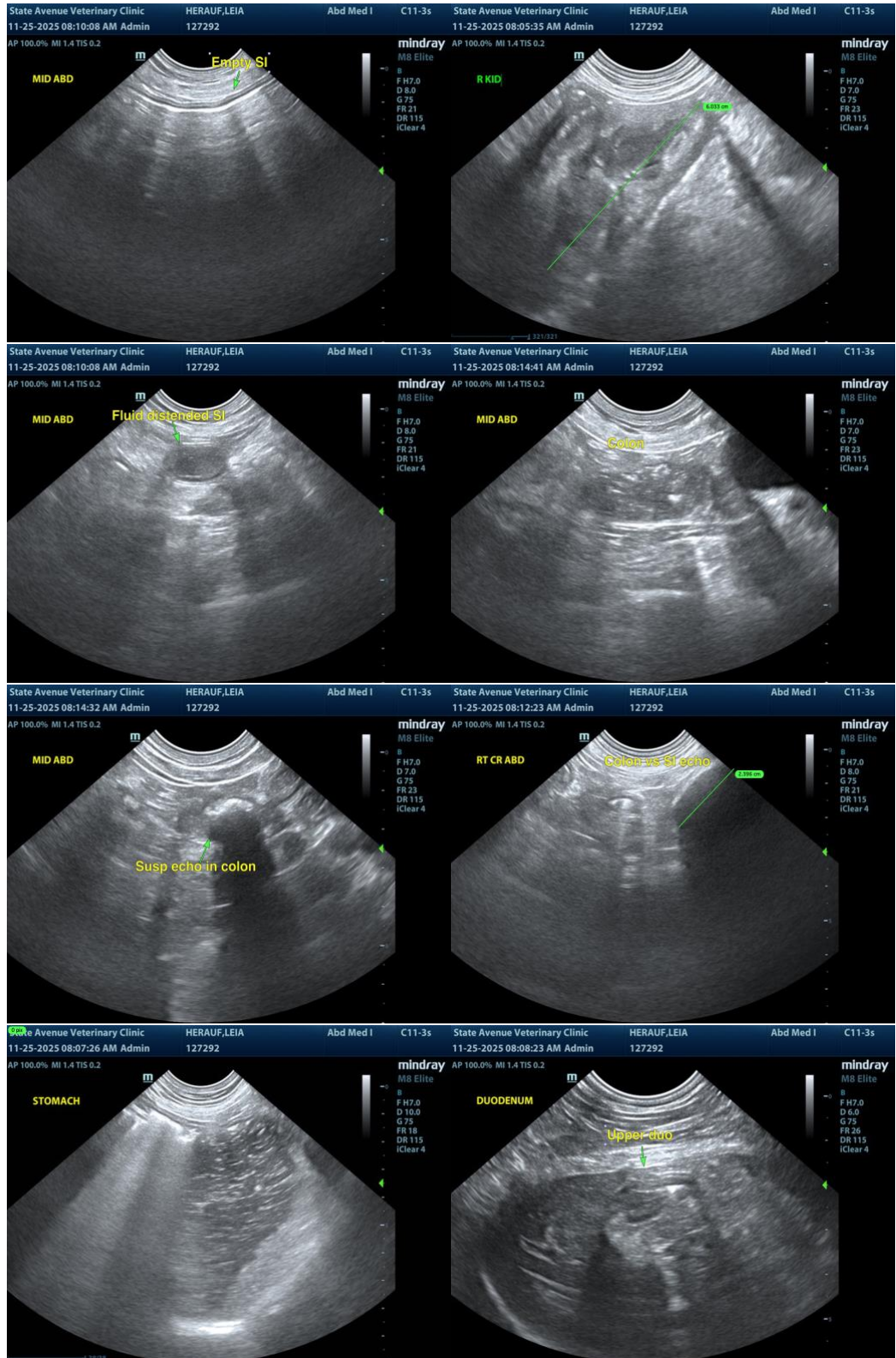
Dr. Raul Casas-Dolz

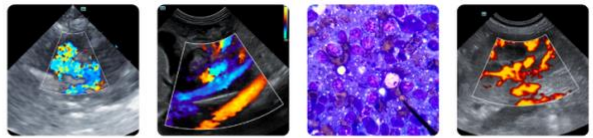
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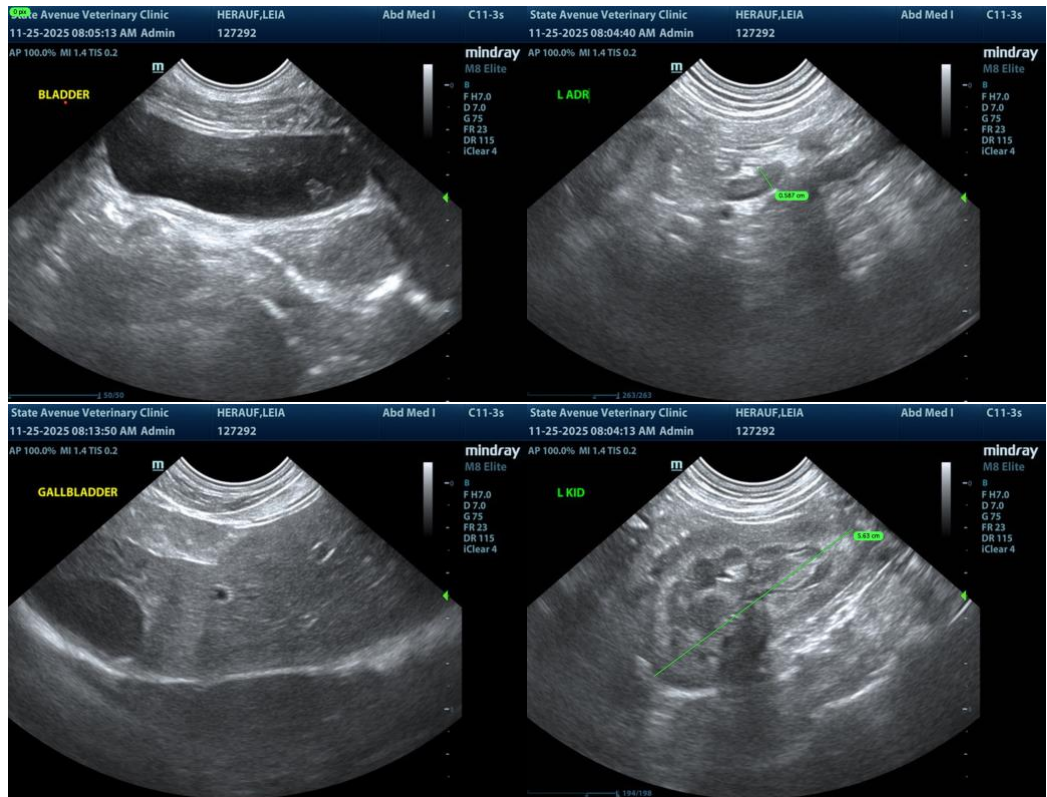
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com